

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 3.12	Effective Date 01/16/2020	Page 1 of 2
	Supersedes Fees for Programs and Services, dated 4/28/17		
Approved By  Commissioner Rollin Cook	Title Fees for Medical Services and Laboratory Testing		

1. **Policy.** The Department of Correction shall hold inmates accountable for costs associated with their incarceration. No inmate shall be denied essential services based on an inability to pay.
2. **Authority and Reference.**
 - a. Connecticut General Statutes, Sections 18-81, 18-85a, 18-86a, 18-91, 18-102 through 18-105 and 18-107.
 - b. Regulations of Connecticut States Agencies, Sections 18-85a-1 through 18-85a-4, inclusive.
3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - a. **Dental Procedure.** A process of diagnosis, treatment or operation.
 - b. **Emergency Care.** Any medical or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary in life-threatening situations, to prevent severe or permanent disability, or when the inmate exhibits symptoms of a serious illness. Symptoms of serious illness may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever and facial swelling.
 - c. **EHR. Electronic Health Record.**
 - d. **Inmate Initiated Visit.** A request for medical and/or dental services initiated by an inmate.
 - e. **Obligation.** A continuing liability for fees or other debts for which current funds are insufficient.
 - f. **Specialty Appointment.** Any appointment for medical treatment or care involving a condition or illness that requires specialized knowledge in one medical area. Scheduling and tracking of these appointments shall be through the Patient Prioritization and Transportation Process (PPT).
 - g. **Specialty Appointment Refusal.** Any refusal to attend a scheduled specialty appointment by an inmate. Conflicts with scheduled court dates or parole hearings shall not count as refusals.
4. **Participation.** Inmates confined in Connecticut correctional facilities and halfway houses shall be assessed fees for services in accordance with the provisions of this Directive. Inmates confined in any other state or federal facility shall be assessed fees in accordance with the relevant contract or agreement by which the inmate is housed in that jurisdiction.
5. **Fees for Medical Care.** Inmates shall be charged, according to the following schedule for the indicated medical services.
 - a. **Medical Visits.** An inmate shall be charged a fee of three dollars (\$3.00) for each inmate initiated visit to the Health Services Unit.
 - i. Attachment A, Inmate Fees Form shall be completed when the inmate is seen by a medical professional. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form shall be signed by Health Services staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
 - b. **Dental Visit.** An inmate shall be charged a fee of three dollars (\$3.00) for each procedure performed by the Dental Unit.
 - i. Attachment A, Inmate Fees Form shall be completed when a dental professional sees the inmate. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form shall be

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- signed by Dental staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
- c. Eyeglasses. An inmate shall be charged three dollars (\$3.00) per prescription.
 - i. Attachment A, Inmate Fees Form shall be completed after the prescription has been written. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form shall be signed by Health Services staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
 - d. Exclusions for Medical and Dental Visits. Inmates shall not be charged if:
 - i. Health Services staff determine that emergency care is necessary;
 - ii. the medical/dental appointment is initiated by Health Services staff, consultants or other Department personnel;
 - iii. the inmate is undergoing scheduled follow-up medical treatment for chronic disease; or,
 - iv. the treatment is for mental health reasons.
 - e. Specialty Appointment Cancellations. An inmate shall be notified of all specialty appointments coordinated through the Patient Prioritization and Transportation (PPT) process. If an inmate agrees to attend a specialty appointment, it shall be documented on the CN 31201, Patient Prioritization and Transportation Specialty Appointment Notification, scanned into the EHR and the inmate will be expected to attend the appointment. If, on the date of the appointment, the inmate refuses to attend the appointment, the refusal shall be documented on Attachment A, Inmate Fees Form. The inmate shall be charged a \$25.00 cancellation fee. The inmate shall not be charged the \$25.00 fee if they have a court commitment on the date that conflicts with the specialty appointment.
 - i. Attachment A, Inmate Fees Form shall be completed when the inmate refuses to attend a specialty appointment. If an inmate refuses to sign the Inmate Fees Form, a notation to that effect shall be made, and the form shall be signed by Health Services staff. The completed Attachment A, Inmate Fees Form shall be forwarded to the Inmate Trust Fund Office on a daily basis.
 - f. Insufficient Funds. In the event that an inmate does not have sufficient funds on account to pay for a fee described in Section 5 of this Directive at the time of service, an obligation to pay shall be established on the inmate's trust account. Subsequent funds shall be credited against the obligation until satisfied.
6. Laboratory Testing Fees. The cost of laboratory tests taken to detect illegal use of drugs shall be assessed to an inmate when such test is positive. The Unit Disciplinary Coordinator shall forward Attachment A, Inmate Fees Form to the Inmate Trust Fund Office by the next business day. If an inmate does not have adequate funds to cover the full cost of the test, an obligation to pay shall be noted on the inmate's trust account.
 7. Forms and Attachments. The following attachment is applicable to this Administrative Directive and shall be utilized for the intended function:
 - a. Attachment A, Inmate Fees Form.
 - b. CN 31201, Patient Prioritization and Transportation Specialty Appointment Notification.
 8. Exceptions. Any exceptions to the procedures of this Administrative Directive shall require prior written approval from the Commissioner.